

Food Program Survey

We are using this survey to improve the Missouri Commodity Supplemental Food Program. Your answers will be kept strictly confidential and will not affect your benefits.

Age: _____ Sex: ☐ Male ☐ Female Zip Code (Home address): _ _ _ _ _






Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race: (Please mark one or more)

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American






☐ Native Hawaiian or Other Pacific Islander ☐ White

Please check mark the column that indicates how you feel about the items below.

	Strongly Agree ₁ 	Agree ₂ 	Neutral ₃ 	Disagree ₄ 	Strongly Disagree ₅ 
1. I would like to know more about good nutrition and healthy eating.					
2. I need to know how to prepare the food in my monthly food box.					
3. The handouts I receive with my monthly food boxes are easy to read and understand.					
4. The handouts I receive with my monthly food boxes help me eat right.					
5. The handouts I receive with my monthly food boxes help me use all the food provided.					
6. I would attend a class on nutrition or cooking.					
7. I have problems with lack of running water.					
8. I have problems with lack of electricity.					
9. I have limited cooking equipment.					

PLEASE TURN OVER

Please check mark the column that indicates how you feel about the items below.

	Strongly Agree ₁ 	Agree ₂ 	Neutral ₃ 	Disagree ₄ 	Strongly Disagree ₅ 
10. I have limited refrigerator space.					
11. In the last 12 months I have worried about having enough money to buy food.					
12. In the last 12 months I cut the size of meals or skipped meals due to lack of money for food.					
13. I can buy fresh fruits and vegetables any time of the year.					
14. Eating a good diet can help keep me healthy.					
15. For good health I should eat at least 5 servings of vegetables and fruits every day.					
16. For good health I should eat at least 2-3 servings of meat or protein every day.					
<p>17. Check the number of servings of vegetables and fruits you eat each day.</p> <div style="float: right;"> <input type="checkbox"/>₁ 1-2 <input type="checkbox"/>₂ 3-4 <input type="checkbox"/>₃ 5 + <input type="checkbox"/>₃ 0 <input type="checkbox"/>₃ Don't Know/Unsure </div> <p>18. How do you describe your weight?</p> <div style="display: flex; justify-content: space-between;"> <div> <p>Current weight: _____</p> <p>Current Height: _____</p> </div> <div> <input type="checkbox"/>₁ Very underweight <input type="checkbox"/>₂ Slightly underweight <input type="checkbox"/>₃ About the right weight <input type="checkbox"/>₄ Slightly overweight <input type="checkbox"/>₅ Very overweight </div> </div> <p>19. Would you like to receive other information with your food boxes?</p> <p>20. Do you have comments or concerns about the program in general?</p>					

THANKS FOR YOUR HELP